Emory & Henry College
Pre-proposal Grant Coordination Form

(Submit Completed form to the Director of Foundation & Corporate Relations in the Office of Institutional Advancement at least 60 days prior to proposal submission deadline. The President’s signature must be included on all required pre-proposal forms before faculty/staff members may move forward with their proposals.)

**Instructions:** Complete all form sections and acquire all requisite authorized signatures. The Principal Investigator (PI) or Project Director should obtain signatures from his or her immediate supervisor and the Executive Council member for his or her area. Completed and signed forms should be routed to the Director of Foundation & Corporate Relations for further review. The Director of Foundation & Corporate Relations will forward signed, completed forms to the President’s Office for review and approval.

**Please attach the following items to the form:**

**A. Project Description:** Attach a one-page (maximum) description of the project, providing the following information:

- A basic overview of project goals, objectives and activities
- The project’s relevance to institutional priorities, its benefit to the college, and its impact on students
- The Likelihood of success through demonstrated need for funding (articulate need)
- Indication of departmental/school commitment to the project
- Collaborative partnerships (if any)

**B. Preliminary Budget:** Include a preliminary budget with a detailed notes of methods for calculating personnel (faculty, staff, student workers) salary and fringe and/or stipends, travel costs, etc. Indicate required match.

Please direct questions to Melissa Sutherland via e-mail at msutherland@ehc.edu or call extension 6125.
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(Please provide all requested information and obtain all required authorized signatures at least 60 days prior to the grant submission deadline)

APPLICATION DATA

Current Date: ___________________________ Proposal Submission Deadline: ___________________________

Project Start/End Dates: __________________________________________________________________________

Primary Investigator/Project Director: __________________________________________________________________

Division/Area: ___________________________ Phone: ___________________________ Email: ___________________________ Fax: ______________

Working Title of Proposal:
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

PROPOSAL STATUS
☐ Preliminary
☐ Revised
☐ Competitive Renewal
☐ Continuation Year ________

PROPOSAL TYPE
☐ Research
☐ Education and Training
☐ Scholarships/ Fellowships
☐ Public Service
☐ Other

PROPOSED AGENCY TYPE
☐ Federal
☐ Commonwealth of Virginia
☐ Corporate/ Foundation
☐ Other

ANTICIPATED TERMS OF AWARD
☐ Grant
☐ Cooperative Agreement
☐ Contract
☐ Other

ADDITIONAL GRANTING AGENCY INFORMATION

Agency/Foundation Name: _____________________________________________________________________________

Request for Proposal (RFP) Website Address: __________________________________________________________

Grantor/Agency Preferred Proposal Submission Method:
☐ ELECTRONIC ☐ Paper

☐ Grants.gov
☐ NSF Clearinghouse
☐ Other
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BUDGET INFORMATION
(Attach preliminary budget)

Total Amount of Funding Requested: ________________________________

Proposed Project Total: ________________________________

Matching Funds Required?
☐ Yes  (Fill out Match Commitment Form, obtain signatures and submit along with the Pre-proposal Grant Coordination Form)

☐ No

List contributions from Collaborating Agencies, Organizations and/or Institutions, if available:
(Indicate cash or in-kind and include partner’s contributions even when no match is required by the granting agency.)

AUTHORIZED SIGNATURES

If the submitted proposal described herein is funded by the granting agency and supported by the College, I will conduct the project in accordance with the grantor’s terms and conditions and the policies of Emory & Henry College. I will be fully responsible for meeting the award requirements, including provision of proper stewardship of grantor funds and the submission of all required reports and documents in a timely manner. I understand this form is a good faith agreement and that match resources will be dependent upon the College’s financial status at the time an award is made.

__________________________________________  __________________________________________
Principal Investigator/Project Director                      Date                      Supervisor                       Date

__________________________________________  __________________________________________
Director of Foundation & Corp. Relations                   Date                      Executive Council Member             Date

__________________________________________  __________________________________________
President                                                Date                      Revised 2/2009